Primary Health and Family Planning Centres in Gujarat

*151. SHRI CHIMANBHAI HARIBHAI SHUKLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of primary health and family planning centres in each district of Gujarat as on 30th June 1994;

(b) the funds provided by the Central Government to these centres during the years 1990-91, 1991-92, 1992-93 and as on date;

(c) what is the number of rural households covered by each of the primary and family planning centres in each district of the State; and

(d) what are the measures taken by Central Government for the effective functioning of these centres?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA

(a) A statement showing distri wise number of Primary Health Cent in Gujarat as on 30.6.1994 is enclose (*See* below)

(b) Primary Health Centres are assi ted unedr the State Plan Minimu Needs Programme.

(c) Each Primary Health Centre expected to cover about 20,000 popul tion in tribal areas and 30,000 popul tion in other rural areas. Rural Fa mily Planning Centres are set up a block level covering an approximat population of 1 lakh each.

(d) Training programmes have bee stepped up with a view to improvin the efficiency and effectiveness of th health functionaries at Primary Healt Centres. In addition, 5 Primary Healt Centres each per year from 1992-93 i the demographically weak districts o Banaskantha and Kutch are being pro vided additional funds at the rate of Rs 10 lakhs per PHC under Social Safet Net.

Statement

Details regarding the number of PHCs in Gujarat State district-wise as on 30-6-1994.

S. No.	Name of District	No. of FHCs as on 30-6-1994
1	2	3
1.	Ahmedabad	47
2.	Amreli	32
3.	Banaskantha	65
4.	Vadodra	66
5.	Bhavnagar	46
6.	Bharuch	45
7.	Valsed	54
8.	Dang	7
9.	Gandhinagar	8
10.	Jamnagar	36
11.	Junagadh	56

2		3
4.	Kheda	93
5.	Kutch	37
6.	Mehsana	77
7.	Panchmahals	89
8.	Rajkot	42
9.	Sabarkantha	55
10.	Surat	62
11.	Surrendranagar	28
	TOTAL	945

*In addition, there are 251 Rural Family Welfare Centres in Gujarat at Block level PHCs.

esolution of Minority Commission on TADA

*152. SHRI K. R. MALKANI: Will ie Minister of HOME MINISTER be leased to state:

(a) whether Government have seen ie June 6, 1994 resolution of the Mi-orities Commission strongly urging the 'entral Government to immediately re-eal the Terrorists and Disruptive Ac-vities (Prevention) Act; and

(b) if so, the reaction of Govern-nent thereto?

THE MINISTER OF HOME AF-'AIRS (SHRI S. B. CHAVAN): (a) 'es, Sir.

(b) In deference to views expressed rom some quarters and considering the otality of the circumstances, the TADA Act has already been liberalised through he TADA Amendment Act, 1993. The State Governments have been advised to nvoke TADA only against hard core terrorists and disruptionists and not against petty criminals against whom he existing criminal laws are sufficient. n view of this and in view of the con-inuing threat to the sovereignty and integrity of the country by various terrorist groups in some parts of the country, it is considered necessary to retain the Act for some time. In any case TADA is a temporary Act which as of now is valid upto May 1995, and its extension or otherwise is considered after every two years.

Racial intolerance in cambridge

*153. SHRI MOOL CHAND MEENA: SHRI SANJAY DALMIA:

Will the Minister of EXTERNAL AFFAIRS be pleased to state:

(a) whether Government are aware of the growing racial intolerance in Cambridge in U.K. making the Asians particularly the students community as soft targets; and

(b) if so, whether Government have called for any report from the Indian High Commission to know the extent of this menace affecting Indians?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI SALMAN KHURSHEED): (a) & (b) Government are aware of reports of incidents of racial harassment in Cambridge. Around 800 Indians are resident in Cambridge which has a total population of 200,000. The Cambridge